06/009/01 MBI FILMED

POMS

PROGRAM OPERATIONS MANUAL SYSTEM
Part 06
Health Insurance

Chapter 009
Evidence of Entitlement

Subchapter 01
Evidence of Entitlement—General

U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0600901
I.C.N. 994003

READEX FICHE best copy available

HE 3.6/5 :

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1.			37.			73.			109.		
2.			38.			74.			110.		
3.			39.			75.			111.		
4.			40.			76.			112.		
5.			41.			77.			113.		
6.			42.			78.			114.		
7.			43.			79.			115.		
8.			44.			80.			116.		
9.			45.			81.			117.		
10.			46.			82.			118.		
11.			47.			83.			119.		
12.			48.			84.			120.		
13.			49.			85.			121.		
14.			50.			86.			122.		
15.			51.			87.			123.		
16.			52.			88.			124.		
17.			53.			89.			125.		
18.			54.			90			126.		
19.			55.			91.			127.		
20.			56.			92.			128.		
21.			57.			93.			129.		
22.			58.			94.			130.		
23.			59.			95.			131.		
24.			60.			96.			132.		
25.			61.			97.			133.		
26.			62.			98.			134.		
27.			63.			99.			135.		
28.			64.			100.			136.		
29.			65.			101.			137.		
30.			66.			102.			138.		
31.			67.			103.			139.		
32.			68.			104.			140.		
33.			69.			105.			141.		
34.			70.			106.			142.		
35.			71.			107.			143.		
36.			72.			108.			144.		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145			181			217			253		
146			182			218			254		
147			183			219			255		
148			184			220			256		
149			185			221			257		
150			186			222			258		
151			187			223			259		
152			188			224			260		
153			189			225			261		
154			190			226			262		
155			191			227			263		
156			192			228			264		
157			193			229			265		
158			194			230			266		
159			195			231			267		
160			196			232			268		
161			197			233			269		
162			198			234			270		
163			199			235			271		
164			200			236			272		
165			201			237			273		
166			202			238			274		
167			203			239			275		
168			204			240			276		
169			205			241			277		
170			206			242			278		
171			207			243			279		
172			208			244			280		
173			209			245			281		
174			210			246			282		
175			211			247			283		
176			212			248			284		
177			213			249			285		
178			214			250			286		
179			215			251			287		
180			216			252			288		

HI 00900.00 EVIDENCE OF ENTITLEMENT

	Subchapter
Evidence of Entitlement-General	HI 00901.000
Providing Claim Numbers and Processing Code 52 Rejects	HI 00910.000
Part A and Part B Reject (and Qualified Approval) Codes (Except Code 52)	HI 00920.000
Resolving Entitlement Problems	HI 00903.000

Chapter HI 009 - Evidence of Entitlement
Subchapter 01 - Evidence of Entitlement General

Claims Manual (CM) Reference	*POMS Reference*
10300	HI 00901.001
10302	HI 00901.005
10304	HI 00901.010
10306	HI 00901.015
10308	HI 00901.020
10309	HI 00901.025
10309.5	HI 00901.030
10310	HI 00901.045
10312	HI 00901.065
10313	HI 00901.080
10314	HI 00901.105
10315	HI 00901.125
10316	HI 00901.145
10318	HI 00901.165
10322	HI 00901.185
10325	HI 00901.205
10327	HI 00901.225
10329	HI 00901.245
10329.5	HI 00901.265

HI 00901.000 Evidence of Entitlement-General

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00901.000 Evidence of Entitlement—General

NOTE: *The audience for this subchapter is the same: OS, OA, RR, FR, CR, SR, DRTM, TSC-MCR, TSC-SR*

00901.001 Establishing the Health Insurance Record

When the processing center completes the necessary action on a claim, it utilizes Electronic Data Processing (EDP) procedures and establishes a Master Beneficiary Record (MBR), which contains payment (and SMI premium) information for the beneficiary.

If the beneficiary is entitled to HI and/or SMI benefits, certain basic information is transferred from the MBR to another tape, the health insurance master tape. (The information also remains on the MBR.)

The health insurance master tape is established and maintained in Baltimore, by HCFA's Bureau of Support Services (BSS). The beneficiary's record contains his name, claim number, date of birth, address, date of entitlement to HI and SMI election and effective date.

Three months before an RSI beneficiary attains age 65 or a disability beneficiary reaches his 25th consecutive month of entitlement, he is automatically established on the health insurance master file as entitled to HI and SMI benefits effective with the month of attainment of age 65 or with the 25th consecutive month of disability. A health insurance card is mailed to the beneficiary showing an effective date of HI and SMI entitlement. Accompanying this health insurance card are instructions to the beneficiary to return the card if he does not want SMI coverage.

If the beneficiary does return the health insurance card (indicating he does not want SMI entitlement) BBS/HCFA removes SMI entitlement from the beneficiary's health insurance record. A new card is issued to the beneficiary for hospital insurance only.

00901.005 Maintaining the Health Insurance Master Tape

A. General

If a beneficiary's claim number changes, for example, through entitlement to another benefit, the processing center will change the MBR data to establish a new record, to terminate the old record, and to cross-refer the old to the new. This information, as is all health insurance information, is then transferred to the health insurance master tape. (Some of these are changes of name, incorrect entitlement dates, etc.)

A beneficiary's death may be reported in either of two ways. The processing center or the DO may transmit the information to the MBR which will then transfer the data to the health insurance master tape, or a date of death may appear on a beneficiary's billing form for provider services. In this latter case, the termination (because of death) appears only in the health insurance master tape.

All other terminations (HI or SMI) are reported to the health insurance master tape through the MBR. Some examples are termination of monthly benefits, nonpayment of premiums for SMI, voluntary withdrawal, etc.

B. Part A Services

When a beneficiary begins using covered services, the provider informs the intermediary (or HCFA, Office of Direct Reimbursement), of the admission or start of Home Health Agency (HHA) care. The intermediary queries the health insurance master tape and receives a reply which indicates the beneficiary's eligibility and prior utilization. When the beneficiary is discharged, or dies, a final bill is submitted by the provider to the intermediary who then submits it to BSS/HCFA. BSS/HCFA records the discharge date (or date of death) and adjusts the beneficiary's remaining eligibility (if any) on the health insurance master tape.

C. SMI Services

When an enrolled beneficiary submits a bill for SMI, the intermediary or carrier checks its own records to ascertain whether it has previously queried the health insurance master tape. The purpose of this is to determine the status of the deductible for the year, and to adjust any payments accordingly. If the deductible has been met, the intermediary or carrier pays the reasonable charge of the claim (less the coinsurance) and submits a record of the payment to BSS/HCFA.

If the intermediary or carrier does not have a record of the beneficiary's status, it must transmit a query containing the current claim's expenses. BSS/HCFA replies with the amount of the deductible yet to be met and simultaneously updates its record to reflect that amount toward the deductible.

A similar process is followed for SMI blood and psychiatric services for which there is an annual limitation (see CM 11377 and CM 11381).

00901.010 District Office Contact With the Health Insurance Master Tape

The DO has access to the health insurance master tape in the following instances:

A. When the DO transmits admission data for claims for emergency services furnished by a Federal emergency hospital or for claims for services provided by direct dealing providers (see SM 00706.135).

B. When the DO transmits one of the various queries to obtain information contained on the health insurance master tape. (See SM 00706.005).

C. When the DO wants a replacement health insurance card (SSA-1966) mailed to the beneficiary. (See HI 00901.205 and CM 10394.)

00901.015 Origin of Discrepancies (Problems) In the System

Basically, there are four major problems which may arise:

A. An error (or omission) in the MBR. If the MBR is in error the health insurance master tape will reflect the

same error. The error may be caused by wrong information in the claim file, a "punching error," etc.

B. An exchange problem in which data on the MBR were not completely or correctly transferred to the health insurance master tape.

C. A problem with the health insurance master tape itself if the error is only in the health insurance tape system.

D. An intermediary's or carrier's internal problem. In these cases, only the fact that both the MBR and the health insurance master tape are correct and valid indicates that it is an intermediary or carrier problem.

The replies to a HI/MBR Status Query (HMQ) (see SM 00706.005) will enable the DO to compare the pertinent data fields of the MBR and the health insurance master tape, determine where the error is and the action necessary to correct the mistake, and initiate the appropriate corrective action.

00901.020 Use of Microfiche in Health Insurance Situations

A. General

In any problem involving health insurance entitlement, the first step to resolution is to identify the correct health insurance record. This is true whether the problem concerns a health insurance card, a query reject, premiums, or simply a request for a claim number. The first source of information in identifying the correct health insurance record is the microfiche.

In determining whether you have the correct record, it is not sufficient simply to check the beneficiary's name and number and such identifying information as the address, DOB, and sex. There is a possibility that (1) there is a dual entitlement, or (2) entitlement has been terminated on one SSN and that the beneficiary is not entitled on another SSN, (3) there is an incorrect date of death, (4) or Part B has been terminated.

B. Reading the Microfiche

Microfiche is presented in a fixed format. The following is a condensed guide to aid in understanding the format to identify potential health insurance problems.

1. FOR SINGLE BENEFICIARY ACCOUNTS THE MICROFICHE FORMAT IS:

Account Data Line-name, sex, SSN, date of death

Address Data Line(s)

*Benefit Data Line (Fixed)-BIC, LAF code, Date of birth, Name

Representative Payee Data Line (if necessary)

**Benefit Data Line (Variable)-HIB-SMIB information, disability information

2. FOR MULTIPLE BENEFICIARY ACCOUNTS, the above sequence repeats beginning with the first address line for each check issued on the account. Immediately following the address data, the benefit data through the history data lines are repeated for each beneficiary whose payment is included in the same check. For multiple beneficiaries receiving separate checks, the address data through the history data lines are repeated for each beneficiary.

3. CROSS REFERENCE RECORDS use a single line of data-name, sex, auxiliary's SSN, DOB, cross-referred SSN.

4. RAILROAD BENEFICIARIES—the format for railroad beneficiary records with HI/SMI entitlement consists of two lines of data.

Account and Benefit Data Line

Address Data Line

* NOTE: The beneficiary name contained on the HI record is obtained from the benefit line of the MBR.

** Absence of HI/SMI entitlement entries in this line for individuals who are at least 65, disabled for 24 months, or entitled to Medicare on the basis of CRD, indicates a problem.

C. Current HI/SMI Entitlement

If, after review of the microfiche, there is still question of current HI/SMI entitlement, request a HI/MBR Status Query (HMQ—see SM 00706.005).

D. Cross-Reference Record

(For auxiliaries and survivors.) Do not take an action based on a cross-reference record. Refer to the active record for correct data.

E. RRB Record

The record is maintained by RRB. Premiums are collected and health insurance cards issued by RRB. All claims are handled by Travelers Insurance. Refer any premium problem (except buy-in) and all HI problems to RRB, Health Insurance Operations Section, 844 Rush Street, Chicago, IL 60611. Use the new overprinted SSA-5002 when forwarding a problem case to RRB, unless instructions in this chapter indicate otherwise.

00901.025 Certification of HI-SMI Coverage for West German Government

A. General

Pursuant to a decision of a West German Federal court, German social security retirement benefits will be supplemented for beneficiaries who are voluntarily enrolled in certain kinds of public or private health insurance programs. Thus, Medicare beneficiaries who are also receiving West German social security retirement benefits may request a certification from SSA as to their HI-SMI entitlement on a German form.

Do *not* complete the West German document. Inform the beneficiary that SSA cannot properly complete the German document. SSA will provide the beneficiary with a statement of HI-SMI entitlement which he may submit with his claim to the West German Government.

B. Beneficiary Listed on Microfiche

Prepare a letter showing HI-SMI entitlement, patterned after the sample in F. below. Accept the beneficiary's allegation that he has neither withdrawn nor terminated his coverage, but if there is any doubt, use the HI/MBR Status Query (HMQ) (see SM 00706.005) procedure to confirm coverage. In the monthly premium, use the information contained on the microfiche or the reply from the MBR.

C. Claim Pending in DO

Inform the beneficiary that SSA cannot complete the document. Tell him that the PSC will send him a statement of HI-SMI entitlement when his claim has been adjudicated. However, if the DO is processing the award through CAPS, provide the beneficiary with the appropriate letter.

When forwarding the claim to the PSC include an RC explaining the situation and have the PSC issue the appropriate letter.

D. Claim Forwarded to PSC—Beneficiary Not on Microfiche

Ask the beneficiary for evidence of his entitlement (see HI 00901.205). If he has no such evidence, use the HI/MBR Status Query (HMQ (see SM 00706.005). When coverage has been verified, follow A. and B. above.

E. Request Received in PSC

If the request is on the West German application form, advise the beneficiary that SSA is furnishing the letter of certification instead and, if he has any questions, to contact the DO. Return the form to the beneficiary. In these cases and in those that the DO has requested (by means of an RC in the file) that the PSC send the letter of certification, substitute the title of Director, Program Service Center.

F. Model Letter To Be Used for Certification of HI-SMI Entitlement For the West German Government

1. BENEFICIARY'S ORIGINAL REQUEST

Ask the beneficiary if this is his first request for the certification. If it is, complete a letter along the following lines. (If the beneficiary is entitled to Premium-HI, add a paragraph stating the monthly premium.)

(Enter the beneficiary's name and address)

Dear _____.

In reply to your request regarding your Medicare entitlement, our records indicate that you were born on (date), and you have been entitled to hospital insurance benefits since (date) and to supplementary medical benefits since (date). Benefits payable under this insurance are those authorized under Title XVIII of the Social

The monthly premium payment for the supplementary medical insurance benefits was _____ per month effective (date). (This was raised to _____ per month effective (date).)*

Payments are made under both the hospital insurance and the supplementary medical insurance without regard to the financial status of the individual. These payments, except in certain limited instances, are made only for health care expenses incurred within the United States.

Sincerely,

District Manager

2. BENEFICIARY'S SUBSEQUENT REQUEST

If this is not the beneficiary's first request for the certification, prepare a letter along the following lines.

(Enter the beneficiary's name and address)

Dear _____.

Your monthly premium payment for the supplementary medical benefits is _____ per month. (If the beneficiary is entitled to Premium-HI, add a paragraph stating the monthly premium.)

Payments are made under both the hospital insurance and the supplemenatary medical insurance without regard to the financial status of the individual. These payments, except in certain limited instances, are made only for health care expenses incurred within the United States.

Sincerely,

District Manager

*For beneficiaries first entitled after a change in premium rate this sentence should be omitted.

00901.030 Certification of SMI Coverage for Civil Service Annuitants

A. General

The Federal Government pays the cost of Medicare (Part B) premiums for civil service annuitants covered by the *Retired* Federal Employees Health Benefit Program who are already enrolled under SMI. The provision applies only to annuitants who retired *prior* to July 1, 1960. Therefore, individuals covered under the FEHB Act of 1959 (that is those who retired after June 30, 1970) are not covered under this law.

The contribution is added to the annuitant's civil service annuity check and includes an amount for the spouse of the annuitant provided that (s)he is enrolled in SMI.

Annuitants have the option of accepting the contribution toward payment of their SMI premium *or* toward *other* private health benefit coverage they may have. However, the contribution applies only to *one program*. The decision is the annuitant's. DO's should not offer advice. If the annuitant has any questions, he should be directed to the Office of Personnel Management, Bureau of Retirement Insurance, Washington, D.C. 20415. The local offices of the OPM deal primarily with personnel matters and are not in a position to provide this kind of information.

B. DO Actions

District Offices will receive requests from civil service annuitants (and their spouses) to verify Medicare SMI coverage. However, effect on DO workload should be minimal as only about 150 to 200 requests per month are expected *nationally*.

Exhibit SF-2814A

G 00901.030B.

Retired Federal Employees Health Benefits Program **MEDICARE PART B CERTIFICATION**	United States Office of Personnel Management Retirement and Insurance Programs Washington, D.C. 20415

ANNUITANT: If you elect to receive a Government contribution to help pay the cost of Part B (Medical Insurance) of Medicare, fill out Part 1 of this form, enter Medicare claim number(s) in Part 2, and have your local Social Security office certify Part 3 of this form. Then return this completed form to us in the enclosed envelope. If you received an election form also complete and return it to us.

PRIVACY ACT STATEMENT—Title 5, U.S. Code authorizes solicitation of this information. The data you furnish will be used to determine if the Government will contribute to help pay the cost of Part B (Medical Insurance) of Medicare. This information may be shared with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or, with law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law. Provision of this information is voluntary; however, failure to supply all of the requested information may result in the Government's inability to determine if it should contribute to help pay the cost of Part B (Medical Insurance) of Medicare.

PART 1

1. Retirement Claim No.	2. Birth Date (*Mo., Day, Yr.*)	4(A) Is Your Spouse Also Covered Under Part B of Medicare? ☐ Yes ☐ No
3. Print Your Full Name and Address With Zip Code, Below		If 4(A) is "Yes" Please Complete 4(B) and 4(C)
		4(B) Print Spouse's Name
		4(C) Spouse's Date of Birth

I, (we), authorize the Social Security Administration to furnish my Federal Retirement System such information from time to time as may be necessary to show that I (we) have coverage under part B of Medicare.

Annuitant's Signature	Spouse's Signature

PART 2

TO ANNUITANT: ENTER MEDICARE CLAIM NUMBER(S) BELOW. *(Copy exactly as shown on Medicare Identification Card, including letter at end of number.)*

Annuitant's Medicare Claim Number	Spouse's Medicare Claim Number *(if government contribution claimed for spouse)*

PART 3

FOR SOCIAL SECURITY USE ONLY (C.M. 10309.5) Please certify this form promptly, place in an envelope, and return to the "Annuitant" whose name and address appears in Part 1 of this form. Your certification of the items below may enable him to get a Government contribution toward the cost of Part B, Medical Insurance, of Medicare.

ITEM 1	YES	NO	EFFECTIVE DATE OF COVERAGE
(A) Does Annuitant Have Part B, Medical Insurance?			
(B) Does The Spouse Have Part B, Medical Insurance?			
ITEM 2			IF "NO", ENTER CORRECT NUMBER
(A) Is Annuitant's Medicare Claim Number Correct?			
(B) Is Spouse's Medicare Claim Number Correct?			
Signature of Authorized SSA Agent			Date

Previous edition not usable.
Form Approved
O.M.B. No. 50-R0418

2814-202

Standard Form 2814A (Rev. 2-81)
U.S. Office of Personnel Management

Civil Service Form SF-2814A (which the annuitant will submit) should be completed by the DO. The DO fills in the appropriate items on the form including the claim number of the annuitant and spouse (if available) as well as the effective dates of coverage. DO's should make use of inoffice records such as the microfiche and SSA-250. In the event that verification cannot be confirmed by either of these sources, efforts to obtain the needed information should be made by means of an Entitlement Status Query (see CM 10386). The form should then be signed and dated by an authorized DO employee (CR/SR) and returned to the annuitant whose name and address is shown in Part I of the form.

Notices sent to annuitants may prompt those not having SMI coverage to want to enroll currently. If so, follow existing instructions for taking a claim. The law, however, does not have any effect on eligibility or enrollment requirements.

Health Insurance Cards

00901.045 General

Each individual who becomes entitled to either HI or SMI, or both, is issued a health insurance card (HCFA-1966). This card provides the beneficiary with evidence of his entitlement and the claim number to be used when covered services are provided. The information on the health insurance card, i.e., name, sex, claim number, and coverage (hospital and/or medical), must be recorded and transmitted from the provider to the intermediary to the health insurance master tape and returned with accuracy. Obviously, errors can interfere with SSA's ability to provide accurate, and timely, entitlement and utilization information. To facilitate the identification of beneficiaries who enclose the tear-off portion of the health insurance card in correspondence with SSA, the claim number is duplicated above the address.

00901.065 Issuance of Health Insurance Cards by SSA

Using data supplied by the DO, the reviewing office and the MBR, BSS prepares the health insurance master tape for the account and the health insurance card is produced and mailed automatically. A new health insurance card is issued when a beneficiary's status changes (the suffix is affected).

The following sections describe the systems and procedures involved in issuing health insurance cards when there is no RRB involvement. New entitlement cases are those instances where a beneficiary was not on the MBR prior to his entitlement to health insurance benefits. Conversely, attainment cases are those in which a beneficiary was on the rolls prior to his entitlement to health insurance benefits.

For health insurance cards involving RRB, see HI 00901.145.

If there is an impediment (see HI 00930.010) a health insurance card *cannot* be issued.

00901.085 New Entitlement Cases—Cards Issued

Eligible individuals filing applications can expect to receive their health insurance cards approximately 6 weeks after the DO adjudicates and forwards the claim to the processing center. After the processing center has processed the claim and established the MBR for the SSN, the information is passed on to the health insurance master tape daily, and a health insurance card is issued. The type of card issued depends on SMI enrollment. A card showing coverage for both HI and SMI is issued unless the claimant refused SMI, in which case a card showing only HI Coverage is issued. If the new entitlement case involves SMI only (the individual is not entitled to HI), a health insurance card showing SMI coverage only is issued.

The DO should take no action concerning nonreceipt of health insurance cards until 6 weeks after the claim was forwarded to the reviewing office. If the reviewing office requested additional development, allow 6 additional weeks from the date the development was forwarded to the reviewing office before any DO action is taken.

For DO processing of nonreceipt cases, see HI 00901.225. If RRB is involved, see HI 00901.165.

The processing center sends the beneficiary an award notice which informs him that he may use the notice as evidence of his health insurance entitlement should he need covered services before he receives his health insurance card. This message is added to the award notice to assure the beneficiary that he *is* entitled to health insurance benefits.

00901.105 Attainment Cases—Cards Issued

A health insurance master tape showing entitlement to HI and SMI benefits is automatically established for all individuals who are on the MBR, and have been entitled to disability benefits for 22 consecutive months, or for individuals on the MBR in the 3rd month prior to attainment of age 65.

In addition to automatically establishing entitlement, a health insurance card is mailed to these individuals showing an effective date for HI and SMI entitlement. Accompanying the health insurance card are instructions that if the individual does not want SMI coverage he has merely to check the appropriate box, sign the card, and return the health insurance card to SSA before the effective date shown on the card.

When SSA receives a health insurance card from an individual who does not want medical insurance, SMI entitlement is removed from the health insurance master tape and a new card showing HI entitlement only is issued to the individual.

00901.125 Processing Undeliverable Health Insurance Cards

Each month a number of HI cards, including originals, replacements, and those resulting from automatic enrollment, as well as enrollment packages sent to residents of Puerto Rico and foreign countries, are returned to BSS/HCFA

as "undeliverable." In addition, some envelopes are marked "deceased" with or without the date of death being shown.

Since several issues may be involved beyond the receipt of the HI card itself, including possible delayed receipt of benefit checks, potential survivor benefits, termination of monthly benefits and/or HI-SMI, and given the critical timing for SMI enrollment, refusal, and premium payment, the "undeliverables" should be developed as follows:

A. BSS/HCFA

Secure a current Master Beneficiary Record (MBR) printout on all returned items marked undeliverable or deceased.

Remail the material if a new address has recently been posted to the MBR. Destroy the material if the fact and date of death has been annotated to the MBR.

When a correct address cannot be determined, send the material with a current MBR printout to the appropriate RSDI reviewing office (PSC, ODO, or DIO), or in the case of returned Puerto Rican enrollment packages, to the servicing DO for development.

If the returned item is marked "deceased" and a substantiation of death cannot be determined, forward the material with a current MBR printout to the servicing DO for development.

Forward all returned HI cards, Forms SSA-1739, and HCFA-40F for any foreign beneficiary for which a correct address or substantiation of death cannot be found with a current MBR printout to DIO.

B. PSC-ODO Action

Examine the claims folder for evidence of a better address. If a correct address cannot be determined, request the servicing DO to develop. Include current folder information that may be helpful in locating the beneficiary, e.g., information that the beneficiary is hospitalized, or the telephone number of a relative in the same area.

Any new address secured should be input to the MBR and the HI card released to the beneficiary. If death is verified, input should be made to the MBR, and the material destroyed.

C. DIO Action—Foreign Beneficiaries

Undertake development by correspondence, consular contact, etc. to determine the beneficiary's status. If a new address is located, remail the material. If death is established, destroy the material. Input to the MBR any pertinent post-entitlement information.

D. DO Action

All returned HI cards (Forms HCFA-1966), automatic enrollment packages (Forms HCFA-40), and enrollment packages for residents of Puerto Rico for which a correct address or substantiation of death cannot be found by BSS/HCFA and/or PSC are forwarded with current MBR printout to the servicing DO.

Attempt to locate the beneficiary. If successful, deliver or mail the material. If death is verified, destroy the material. Annotate to the MBR any appropriate postentitlement information by direct input where possible, or forward it to the PSC or ODO for processing. Disclose only the minimum information needed to complete the development per CM 7320.2.

00901.145 Issuance of Health Insurance Cards by the Railroad Retirement Board (RRB)

RRB issues health insurance cards (Form G-43) to all qualified railroad beneficiaries. RRB retains jurisdiction of those cases for card purposes and collection of premiums as long as the individual continues to be a Qualified Railroad Retirement Beneficiary (QRRB) even though he may also be entitled to monthly RSI benefits.

00901.165 Inquiries About Health Insurance Cards—RRB Involvement

When an individual contacts the DO and inquires about the nonreceipt, replacement, or correction of a health insurance card issued by RRB, contact the local RRB office by telephone and inform them so they can produce an RR health insurance card. Give all pertinent data to RRB, such as:

A. Loss or nonreceipt of health insurance card

1. Individual's name
2. RRB claim number
3. Address (indicate if this is a change)

B. Correction of health insurance card

1. Individual's name
2. RRB claim number
3. Items to be corrected

Inform the individual that his new health insurance card will be mailed by RRB and that any further inquiries about his health insurance card should be directed to the Railroad Retirement Board, Division of Retirement Claims, 844 Rush Street, Chicago, IL 60611. Do *not* maintain a control on this contact, as no response will be received from RRB.

If the beneficiary does not mention the fact that railroad is involved and presents an SSA claim number, handle in accordance with regular procedures for processing lost or incorrect SSA health insurance cards (see HI 00901.205).

00901.185 Invalid Health Insurance Cards

All reissued health insurance cards are mailed with a stuffer which requests the beneficiary to destroy the old health insurance card. It is important that only the current health insurance card remain in the beneficiary's possession. Because of the adverse reaction caused by erroneous health insurance cards in circulation, particularly when health care services are provided based on incorrect information, encourage beneficiaries to use only the current card and to destroy others.

Generally, when a beneficiary presents a health insurance card to the DO, repossess and destroy it if:

A. It contains an error which renders the card unusable. Follow the corrective procedures in HI 00901.245.
B. It contains an error and the beneficiary has another usable card.
C. It has been superseded by a card issued because of a change in the beneficiary's entitlement.

00901.205 Replacing Lost Health Insurance Cards

A. General

The following procedures apply when there is no doubt the beneficiary had received an HCFA-1966 (Health Insurance Card). If the beneficiary had never received a card, use of these procedures delays resolution of the problem. If there is any doubt, follow the nonreceipt procedures in HI 00901.225. If there is RR involvement, follow HI 00901.165.

B. Name and Claim Number

Examine the microfiche in accordance with HI 00901.020. If the claim was filed too recently to appear on the microfiche, the name and claim number may be obtained from any of the following sources:

1. SSA-250, or other DO record
2. Award Certificate
3. Utilization Notice or EOMB
4. Any other official communication containing the name and claim number.

If none of these is available, but a potential claim number is known, transmit an Entitlement Status Query (see SM 00706.005). If the reply does not resolve the issue, see SM 00706.115.

C. Replacement Card

When the correct name and claim number have been ascertained, transmit a HIC query (see CM 10394). The beneficiary should receive a replacement card within three weeks. If a reply is received from OCRO, follow SM 00706.040. If no reply from OCRO is received, and the beneficiary does not receive his card in three weeks, send a HI/MBR Status Query (HMQ) (see SM 00706.005) and when the HMQ replies are received; follow HI 00930.001.

00901.225 Nonreceipt of Health Insurance Cards

A. New Claims Case

When an allegation of nonreceipt is made by a beneficiary, examine the microfiche or temporary DO records to determine whether sufficient time has elapsed since the claim was forwarded (See HI 00901.085), and to verify the name, claim number, and entitlement (see HI 00901.020).

If sufficient time has not elapsed, inform the individual when he can expect to receive his card and advise him to recontact the DO if it is not received by then. A temporary notice of eligibility may be issued if appropriate (see HI 00801.140).

If sufficient time has elapsed, transmit an HMQ Query (see SM 00706.005). When the replies are received, take one of the following actions:

1. If the MBR and HI records are correct, send a Health Insurance Card Query (HIC).
2. If either the MBR or HI or both are incorrect follow HI 00930.001.

B. Post-Entitlement Action

If there is a complaint of nonreceipt of a replacement HI card based on a post-entitlement action (e.g., remarriage and SALT input), verify that sufficient time has elapsed for the action to have changed the MBR and HI records. If direct input was used and no exception was sent to the DO, both records should be corrected within 2 weeks. If the change was a paper request to the PSC allow 6 weeks. If sufficient time has elapsed, transmit an HMQ Query (see SM 00706.005). When the replies are received, take one of the following actions:

1. If the MBR and HI records are correct, send a HIC.
2. If either the MBR or HI or both are incorrect, follow HI 00930.001.

00901.245 Correction of Health Insurance Cards

A. Misspelled Given Name or Surname

Send an HI/MBR Status Query (HMQ) (SM 00706.005) on the affected claim number. When the query replies are received and both the HI and the benefit portion of the MBR show a correct name, transmit a HIC to BSS/HCFA (See CM 10394). If a name change due to remarriage, etc., is involved, follow CM 9808 and HI 00901.225 B. (The following procedures do not apply to name changes, only to corrections of misspelled names).

1. MBR Benefit Name Incorrect, HI Name Correct

Transmit a HIC query if a new card is needed. Prepare an SSA-3709 (MBR Record Correction Direct Input (MISCOR)) to correct the MBR. (See CM 10399 Exhibit 9 for a completed sample.) If the MBR is still incorrect after 30 days, prepare an HCFA-2178 annotated "follow-up" and send it to the reviewing office.

2. MBR Benefit Name Correct, HI Name Incorrect

Prepare an HCFA-2178 (see HI 00930.080). Forward the original (white copy) and a photocopy of the HI card, a photocopy of the microfiche, or the HI portion of the HMQ to BSS/HCFA. BSS/HCFA will correct the health insurance master and issue a corrected health insurance card (HCFA-1966). BSS/HCFA will not respond to the HCFA-2178. Tell the beneficiary to recontact the DO if a corrected health insurance card is not received within 30 days. If the beneficiary does not receive a corrected health insurance card within that time, prepare another HCFA-2178, annotate it "Follow-up," and forward it to BSS/HCFA.

3. MBR Benefit Name Incorrect, HI Name Incorrect

Prepare an SSA-3709, (see CM 10399, Exhibit 9 for a completed sample). This will correct the name in the benefit

line of the MBR as well as the name in the HI record, and a new HI card will be sent to the address on the HI record. If the name on the payment line of the MBR must also be corrected, notify the PSC via an RC (SSA-5002). (The payment line name can be determined from the microfiche or benefit check).

Tell the beneficiary to recontact the DO if a corrected health insurance card is not received within 30 days. If a corrected health insurance card is not received within that time, prepare an HCFA-2178 and forward the white copy and a copy of the health insurance card, a copy of the microfiche, or an HMQ reply to BSS/HCFA. At the same time, forward the first yellow copy to the appropriate reviewing office. DO NOT attach any documentation to the yellow copy. BSS/HCFA will correct the health insurance master and issue a corrected HI card.

B. Incorrect Sex Shown

Check the MBR portion of the HMQ query or the microfiche to see what sex code is in the MBR.

1. MBR Sex Code Incorrect, HI Sex Code Correct

Prepare an SSA-3709 (see CM 10399, Exhibit 9 for a completed sample.) The sex can be determined from the MBR query for all beneficiaries only. If the MBR is still incorrect after 30 days, prepare an HCFA-2178 annotated "follow-up" and send it to the processing center.

2. MBR Sex Code Correct, HI Sex Code Incorrect

Prepare an HCFA-2178 (see HI 00930.080). Forward the original (white copy) and a photocopy of the HI card, a photocopy of the microfiche, or the HI portion of the HMQ to BSS/HCFA.

BSS/HCFA will correct the health insurance master and issue a corrected health insurance card (SSA-1966). BSS/HCFA will not respond to the HCFA-2178. Tell the beneficiary to recontact the DO if a corrected health insurance card is not received within 30 days. If a corrected health insurance card is not received within that time, prepare another HCFA-2178, annotate it "Followup," and forward it to BSS/HCFA.

3. MBR Sex Code Incorrect, HI Sex Code Incorrect

If the sex code is incorrect on the HI card, prepare an SSA-3709 (see CM 10399, Exhibit 9 for a completed sample). Tell the beneficiary to recontact the DO if a corrected health insurance card is not received within 30 days. If a corrected health insurance card is not received within that time, prepare an HCFA-2178 and forward the white copy of the HCFA-2178 and a photocopy of the health insurance card, a photocopy of the microfiche, or the HI portion of the HMQ to BSS/HCFA. BSS/HCFA will correct the health insurance master and issue a corrected HI card. At the same time forward the first yellow copy to the appropriate processing center. Do not attach any documentation with the yellow copy.

C. Erroneous Claim Number

Send an HI/MBR Status Query (HMQ) on the erroneous number and the alleged correct number, and when the replies are received, follow the procedures for identification problems (HI 00910.050).

D. SMI Entitlement Not Shown

If the beneficiary's "YES" option was submitted at least 6 weeks earlier, follow CM 10375 ff. If, however, the beneficiary is an insured, who filed an initial application to establish HI after his IEP and outside a GEP, he is "deemed" automatically enrolled for SMI in the next available GEP. Since SMI enrollment could be prospective for up to 15 months, an initial HI only card is released although the HMQ reply would reflect the prospective SMI enrollment date. The following January a new card is automatically released, restating the previous HI and adding the SMI.

E. Erroneous Entitlement Dates

Follow HI 00930.001ff.

00901.265 Processing Exceptions

The exceptions are listed in alphabetical order with a general description of the cause and instructions for handling. If the exception can be corrected and retransmitted, do so immediately. Otherwise refer the exception to the person who prepared the original notice.

A. AN NIF

No record could be located for the SSN transmitted. This means the AN transmitted is incorrect. Obtain the correct AN from the previously received MBR reply and retransmit.

B. BIC NIF

The BIC shown with the AN data did not match a BIC on the MBR. Either the BIC or the AN transmitted was incorrect. Obtain the correct AN and BIC from the previously received MBR reply and retransmit.

C. NAME DIF

The beneficiary's name in the BN field did not match name in the BENEFIT portion of the MBR. This could be due to one of the following conditions:

1. The BN field on the SSA-3709 (correction Input Data-HI/MBR Benefit Record) did not contain the exact three positions of the first name exactly as the beneficiary name is shown in the BENEFIT portion of the MBR. An initial should be shown where the MBR BENEFIT data displays an initial for first name.
2. The BENEFIT name was changed after you received the MBR reply and before you made your input. Check the name in the BENEFIT line of the MBR reply attached to the exception. If it is now correct no further action is necessary (unless a sex correction is needed).

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